

1-2 March 2023, EMA, Amsterdam

Communication and transparency: the Healthcare Professionals' perspective

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Shortages occur on a regular basis

INEXPENSIVE CANCER MEDICINES



Inexpensive essential medicines are INDISPENSABLE to treat and sometimes cure all types of cancer



All patients with cancer need some of these agents



About 80% of WHO Essential Cancer Medicines are inexpensive medicines (and as such subject at risk of shortage)



Availability of essential medicines is uneven among countries

ROMANIA





GERMANY

Cancer Medicine	Indication	
Capecitabine	Breast cancer; Colorectal cancer; Gastric cancer; other cancers	
Carboplatin	Cervical cancer; Head and neck cancer; Ovarian cancer; Lung cancer	
Etoposide phosphate	Testicular carcinoma; Lung cancer	
Fludarabine	Chronic lymphocytic leukaemia; Non-Hodgkin's lymphoma; Acute myeloid leukaemia Multiple myeloma, stem cell transplantation (blood cancer) Acute lymphoblastic leukaemia; Head and neck cancer; Non-Hodgkin's lymphoma; Osteosarcoma; other cancers	
Melphalan		
Methotrexate		
5-fluorouracil	Colon carcinoma; Colorectal carcinoma; other cancers	

INEQUALITIES

The positive side of the story so far...



- -Shortages at core of discussion (clinical, scientific and political level)
- Finally a **strategy plan** to address shortages

 Moved forward from the issue of defining what shortages are
- -Understanding the importance of the **global dimension of shortages**, while fully respecting the local/national competence
- -Agreement on systematic dialogue at EU and National institution level is key,
- -INCLUSIVE dialogue
- -Acknowledging the need to **lively monitor** shortages
- -Multiple root causes and as a consequence different solutions may apply (eg shortages due to procurement systems, shortages due to lack of raw materials, shortages due to sudden increase demand...)



ESSENTIAL TO COMMUNICATE CLEARLY THESE POINTS

CONSENSUS (?) about communication and transparency





Recipient of communication

Channels of communication

Raise awareness/alert
Seek feed back/share solutions

Different stakeholders/Different angles
Parallel communications? All at the same table?

E.g. learned societies websites NCA EU bodies (EMA)

Newsletters

Publications

Podcasts

3C: Coherent, Cohesive and Comprehensive

Patients



Industry



HCPs (huge crowd...)



Payers and policy-makers



HTAs

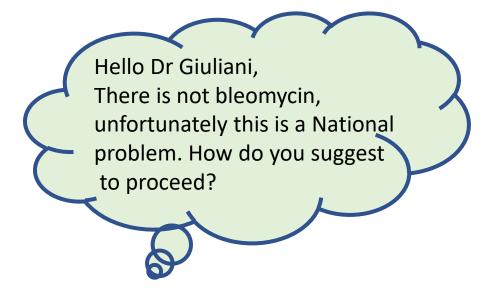
NCAs



EU "bodies"



Sub-optimal styles of communication







What's New Related to Drugs

February 24, 2023

- Draft Guidance: Neovascular Age-Related Macular Degeneration: Developing Drugs for Treatment
- FDA Drug Shortages
 - <u>Leucovorin Calcium Lyophilized Powder for Injection</u> (Updated Currently in Shortage)
 - Rocuronium Bromide Injection (New Currently in Shortage)
 - o Tirofiban Hydrochloride Injection (New Discontinuation)

EMA shortages catalogue

You can find information on ongoing and resolved shortages of **human medicines** that EMA has assessed at:

- Ongoing shortages
- Resolved shortages

You can download this information in Excel table format at:

Downloads: shortages

Europe is running out of medicines

Common medications including antibiotics and children's painkillers are in short supply across the bloc. Here's what's being done about it.

TARGETED COMMUNICATION

EU **Patients** "bodies" Payers and **Industry** policy-makers **NCAs HCPs HTAs**



Modalities of communication: all comers?

Style of communication (lay language, et cet...)

Channels

TIMING



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HCPWP

Good practice guidance for patient and healthcare

professional organisations on the prevention of shortages

Eligible healthcare professionals' organisations



























of medicines for human use

13 May 2022 EMA/397143/2020



















































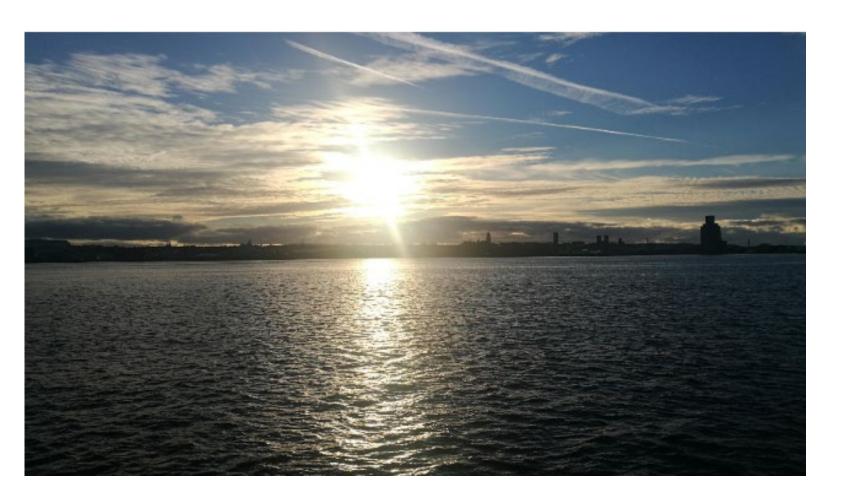








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Happy to discuss further





13 May 2022 EMA/397143/2020

Good practice guidance for patient and healthcare professional organisations on the prevention of shortages of medicines for human use

		Key recommendations	Comments
	Communication and transparency	Organisations should develop shortage observatories or seek links with already established shortage observatories (in collaboration with national medicine authorities and health authorities). Shortage observatories are organisations that:	These can be national, but also EU, level in order to lead to EU harmonised criteria for collection of information
		 collect and analyse information from patients and healthcare professionals on shortages and the consequences on patients' outcomes/safety/adherence to inform/raise the awareness of the health authorities so that they can take action; 	
		 collect information from healthcare professionals on changes in clinical practice that may lead to changes in demand for medicines; 	
		 collect information on early signals of potential shortages (feedback to regulator/health authority and use as trigger for mitigation practices), especially where no direct reporting mechanisms are in place. This is particularly important for local shortages; 	
		 obtain feedback from patients and healthcare professionals on risks of replacement/substitution therapies (including reducing the dose of medicines) as well as other risks (such as risk of buying medicines online from illegal channels). 	

Risk of duplication of efforts already in place?

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